

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12084**

FILED MAY 14 1957

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5709** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Bollinger.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Mo. b. COUNTY Bollinger.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bessville.		c. LENGTH OF STAY (in this place) 29 year	c. CITY OR TOWN Bessville.
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0090	

3. NAME OF DECEASED (Type or Print)	a. (First) Arnold	b. (Middle) Lee	c. (Last) Gromer.	4. DATE OF DEATH (Month) (Day) (Year) May, 3 1957.
-------------------------------------	--------------------------	------------------------	--------------------------	-----------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec, 15th 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR (Month) (Day) 4 12	IF UNDER 24 HRS. (Hour) (Min.) 2 p m
--------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	-------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? USA
-----------------------------------------------------------------------------------------------------------	--------------------------------------------	--------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Alva Gromer,	13b. MOTHER'S MAIDEN NAME Yount	14. NAME OF HUSBAND OR WIFE Eva Gromer Lutesville
----------------------------------------	----------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mr. Eva Gromer Lutesville	ADDRESS Lutesville
-------------------------------------------------------------------	----------------------------------	--------------------------------------------------------------------	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY-OCCLUSION		
	ANTECEDENT CAUSES Mortib condition, it was a DUE TO (b) rise in blood pressure (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Coronary	20. AUTOPSY? ✓ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--------------------------------------------------	----------------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from **9-14-1957**, to _____, 19____, that I last saw the deceased alive on **2-11-1957**, and that death occurred at **2:24** m., from the causes and on the date stated above.

23a. SIGNATURE Coronary & Lutesville	(Degree or title) 3	23b. ADDRESS Lutesville Mo.	23c. DATE SIGNED 5-8-1957
-------------------------------------------------	----------------------------	------------------------------------	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 5-5-57,	24c. NAME OF CEMETERY OR CREMATORY Whitener Cemetery,	24d. LOCATION (City, town, or county) (State) Marquand, Mo.
-------------------------------------------------------	--------------------------	--------------------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 5-9-57	REGISTRAR'S SIGNATURE Mrs. Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home,	ADDRESS Lutesville.
----------------------------------------	-------------------------------------------------	-------------------------------------------------------------	----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

520

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed J. E. Graham.....

Licensed Embalmer No. 4010

P. O. Address Luttsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.